



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
1101 RIVERSIDE DRIVE, P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102-0176

EMISSIONS INVENTORY QUESTIONNAIRE (EIQ)

FORM 1.0 GENERAL PLANT INFORMATION

SHADED AREAS FOR OFFICE USE ONLY

FACILITY NAME			FIPS COUNTY NO.		PLANT NO.			YEAR OF DATA	
FACILITY STREET ADDRESS		COUNTY NAME		REGION		CLASSIFICATION			HAP CATEGORY
CITY		ZIP CODE + 4		FACILITY PHONE NUMBER ()					
FACILITY MAILING ADDRESS			CITY			STATE		ZIP CODE + 4	
FACILITY CONTACT NAME AND TITLE			FACILITY CONTACT E-MAIL		WHERE TO SEND EIQ IN FUTURE (CHECK ONE) <input type="checkbox"/> FACILITY MAILING ADDRESS <input type="checkbox"/> PARENT CO. MAILING ADDRESS				
PRODUCT/PRINCIPAL ACTIVITY			SIC	NAICS	NUMBER OF EMPLOYEES			LAND IN ACRES	
	LATITUDE	LONGITUDE	UTM COORDINATES						
DEGREES			ZONE		EASTING (M)			NORTHING (M)	
MINUTES			(1/4):	(1/4):	SECTION	TOWNSHIP		RANGE	
SECONDS									
PARENT COMPANY NAME			PHONE NUMBER ()				FAX NUMBER ()		
MAILING ADDRESS			CITY				STATE	ZIP CODE + 4	
CONTACT PERSON			CONTACT PERSON E-MAIL				COUNTRY		
TOTAL PLANT EMISSIONS FROM FORM 3.0 (TONS PER YEAR)									
PM10	SOX	NOX	VOC	CO	LEAD	HAPS	PM2.5	NH3	
The undersigned hereby certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies that they believe this information and statements to be true, accurate and complete. The undersigned certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of state law.									
PRINT NAME OF PERSON COMPLETING FORM				TITLE				CHECK AMOUNT	
SIGNATURE				DATE				CHECK NUMBER	
PRINT NAME OF AUTHORIZED COMPANY REPRESENTATIVE				TITLE				CHECK DATE	
SIGNATURE				DATE		OFFICE USE ONLY			
						LOGGED IN BY		DATE RECEIVED	